

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/06/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  295067	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 09/19/2008
NAME OF PROVIDER OR SUPPLIER  EVERGREEN AT CC HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 3050 N ORMSBY CARSON CITY, NV 89703		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  This Statement of Deficiencies was generated as a result of the complaint investigation conducted at your facility on 9/3/08 and completed on 9/19/08.  Complaint #NV00019133 was unsubstantiated. A federal deficiency unrelated to the complaint was cited. See F225.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	F 000	DISCLAIMER CLAUSE  PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE THE PROVIDER'S ADMISSION OF OR AGREEMENT WITH THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLEY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE LAW.		
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) STAFF TREATMENT OF RESIDENTS  The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.  The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).	F 225	F225 Treatment of Residents  It is the policy of this facility that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).  Residents with Potential Risks  Resident #1 was not harmed by failure to comply with this policy. All residents have the potential to be harmed by failure to comply with this policy.		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

EXECUTIVE DIRECTOR

10/15/08

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	<p>Continued From page 1</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and review of facility policy it was determined that the facility failed to ensure that a staff member reported an allegation of abuse to the Administrator for 1 resident (#1).</p> <p>Findings include:</p> <p>Resident #1: The resident was admitted to the facility on 1/18/08 with diagnoses including renal failure, anxiety, hypertension, anemia, and depression.</p> <p>On 9/3/08, Resident #1 was interviewed. The resident stated that several weeks ago, a licensed practical nurse (LPN #1) had been upset with her and dragged her down the hall with her wheelchair facing backwards. She stated, "I could not break loose from him. He told me to stay in my room." She stated that several people were standing at the nursing station when this occurred. She could not remember a specific</p>	F 225	<p>Corrective Action</p> <p>Staff will be in-serviced on the requirements for reporting abuse. Employee #5 no longer works for the facility.</p> <p><b>Implemented Measure to Ensure Compliance/Monitoring of Compliance</b></p> <p>Staff Development Coordinator or her designee will conduct random staff interviews every month for the next three months to ensure compliance. Staff Developer will report findings of interviews to quarterly CQI Committee.</p>		10/31/08

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F 225	<p>Continued From page 2</p> <p>time, just that it was late afternoon. The resident stated she was afraid to tell anyone, that LPN #1 was intimidating to her and would frequently tell her, "I'm not your nurse. Ask your nurse."</p> <p>Employee #5 was present during the interview. She stated that she was aware of this incident, as Resident #1 had talked with her about it, and had asked her not to tell anyone. Employee #5 stated that the resident had told her about the incident about three weeks ago. She stated that she knew she was supposed to report any allegations of abuse but did not tell anyone about this because she did not want to break the resident's confidence.</p> <p>On 9/3/08, at 2:00 PM, the Director of Nurses was interviewed. The interview revealed that she had not been informed of the allegation of abuse. She stated that Resident #1 had a history of frequent outbursts, and that her loud, aggressive behaviors had increased recently. She stated that she was surprised that the resident had not told her about the incident as she had been taking the resident out for smoke breaks in the evenings and the resident usually told her about her day.</p> <p>On 9/3/08, at 2:05 PM, the Staff Development Coordinator was interviewed. The interview revealed that no allegations of abuse of Resident #1 had been reported.</p> <p>On 9/3/08, at 2:10 PM, LPN #1 was interviewed. He stated that he did not pull Resident #1 backwards in her wheelchair, but that he did take her to her room. He stated that she had an angry outburst after refusing her medications and repeated requests for Pepsi and cigarettes. He confirmed that Resident #1 had put the brakes on</p>	F 225			

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F 225	<p>Continued From page 3</p> <p>several times while he pushed her towards her room. He denied telling her to stay in her room. LPN #1 stated that he had talked with the Administrator about six weeks ago regarding not being assigned to Resident #1's care.</p> <p>On 9/3/08, the facility's policy and procedures for reporting of abuse were reviewed. Per the policy review, the definition of "abuse means the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish. Under prevention, the policy revealed, "Residents, families, and staff should be able to report concerns, incidents, and grievances without fear of retribution."</p> <p>On 9/12/08, the facility's investigation report was received. The allegation of abuse was not substantiated by the facility.</p>	F 225			

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